

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, where applicable.)

Resident Name: _____ Unit No. _____

Development Name: _____ City: _____

Do you receive income from any of the following sources? Answer YES or NO for each item.

All information is subject to verification from third party source.

_____ Wages (including bonus/commissions, tips, fee, etc.)

_____ Unemployment Benefits

_____ Worker's Compensation

_____ Disability Payments

_____ Alimony

_____ Child Support

_____ Regular cash or non-cash contributions from persons
not living in your household (e.g., regular gifts of
money, assistance with paying bills, etc.)

_____ Income from operation of a business

_____ Annuities, insurance policies, stocks, etc.

_____ Pensions, IRA, 401K

_____ Rental Income

_____ Sales from Mary Kay, Tupperware, etc.

_____ Interest/dividends from assets

_____ Any other source (if yes, explain below)

_____ There is no imminent change expected in my financial or employment status during the next 12 months.

If this statement is true, answer YES. If this statement is not true and there is a change expected (e.g., you have been hired for a job or otherwise expect to earn income in the next 12 months), answer NO and explain the expected change.

Please provide a written explanation as to how your household intends to pay for living expenses, certain services and/or necessities. Complete all that apply (write N/A if not applicable):

Rent: _____

Utilities: _____

Food: _____

Family clothing: _____

Children's school supplies: _____

Telephone and/or cable expense: _____

Medical care: _____

Prescription and/or over-the-counter drug expense: _____

Personal care products (toilet paper, toothpaste, etc.): _____

Vehicle insurance, gasoline, maintenance and up-keep: _____

Other transportation needs: _____

Garage rental: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date